

IN RE (Name of Debtor - If Individual: Last, First, Middle)

OPTOBIONICS CORPORATION

LAST FOUR DIGITS OF SOC. SEC. NO./Complete EIN or other TAX I.D. NO.
(If more than one, state all.)

FEIN #055844526 - IL CORP FILE #62332913

STREET ADDRESS OF DEBTOR (No. and street, city, state, and zip code)

850 East Diehl Road
Suite 120
Naperville, IL 60563-9386

COUNTY OF RESIDENCE OR
PRINCIPAL PLACE OF BUSINESS

Dupage

ALL OTHER NAMES used by debtor in the last 8 years
(Include married, maiden, and trade names.)

OPTOBIONICS MERGER CORPORATION
OPTOBIONICS CORP.

MAILING ADDRESS OF DEBTOR (If different from street address)

LOCATION OF PRINCIPAL ASSETS OF BUSINESS DEBTOR (If different from previously listed addresses)

CHAPTER OF BANKRUPTCY CODE UNDER WHICH PETITION IS FILED

Chapter 7

□ Chapter 11

INFORMATION REGARDING DEBTOR (Check applicable boxes)

Nature of Debts
(Check one box)

Petitioners believe:

- ☐ Debts are primarily consumer debts
☒ Debts are primarily business debts

Type of Debtor

(Form of Organization)

- ☐ Individual (Includes Joint Debtor)
☒ Corporation (Includes LLC and LLP)
☐ Partnership
☐ Other (If debtor is not one of the above entities, check this box and state type of entity below.)

Nature of Business (Check one box)

- ☐ Health Care Business
☐ Single Asset Real Estate as defined in
 11 U.S.C. § 101(51)(B)
☐ Railroad
☐ Stockbroker
☐ Commodity Broker
☐ Clearing Bank
☒ Other

VENUE

- ☐ Debtor has been domiciled or has had a residence, principal place of business, or principal assets in the District for 180 days immediately preceding the date of this petition or for a longer part of such 180 days than in any other District.
- ☐ A bankruptcy case concerning debtor's affiliate, general partner or partnership is pending in this District.

FILING FEE (Check one box)

- ☒ Full Filing Fee attached
- ☐ Petitioner is a child support creditor or its representative, and the form specified in § 304(g) of the Bankruptcy Reform Act of 1994 is attached.
- [If a child support creditor or its representative is a petitioner, and if the petitioner files the form specified in § 304(g) of the Bankruptcy Reform Act of 1994, no fee is required.]*

**PENDING BANKRUPTCY CASE FILED BY OR AGAINST ANY PARTNER
OR AFFILIATE OF THIS DEBTOR** (Report information for any additional cases on attached sheets.)

Name of Debtor

Case Number

Date _____

Relationship

District

Judge

ALLEGATIONS
(Check applicable boxes)

1. ☒ Petitioner(s) are eligible to file this petition pursuant to 11 U.S.C. § 303(b).
 2. ☒ The debtor is a person against whom an order for relief may be entered under title 11 of the United States Code.
 - 3.a. ☒ The debtor is generally not paying such debtor's debts as they become due, unless such debts are the subject of a bona fide dispute as to liability or amount;
- or
- 3.b. ☐ Within 120 days preceding the filing of this petition, a custodian, other than a trustee, receiver, or agent appointed or authorized to take charge of less than substantially all of the property of the debtor for the purpose of enforcing a lien against such property, was appointed or took possession.

COURT USE ONLY

TRANSFER OF CLAIM

☐ Check this box if there has been a transfer of any claim against the debtor by or to any petitioner. Attach all documents evidencing the transfer and any statements that are required under Bankruptcy Rule 1003(a).

REQUEST FOR RELIEF

Petitioner(s) request that an order for relief be entered against the debtor under the chapter of title 11, United States Code, specified in this petition. If any petitioner is a foreign representative appointed in a foreign proceeding, a certified copy of the order of the court granting recognition is attached.

Petitioner(s) declare under penalty of perjury that the foregoing is true and correct according to the best of their knowledge, information, and belief.

X
Signature of Petitioner or Representative (State title)

John S. Pollack, MD May 3, 2007
Name of Petitioner Date Signed

Name & Mailing John S. Pollack, MD
Address of Individual 23W341 Foxwood Ct.
Signing in Representative Naperville, IL 60540
Capacity

X/s/ Chad H. Gettleman, Esq. May 3, 2007
Signature of Attorney Date

Chad H. Gettleman, Esq.
Name of Attorney Firm (If any)
Adelman & Gettleman, Ltd.
53 W. Jackson Boulevard
Suite 1050
Chicago, IL 60604-3107
Address
Telephone No. 312-435-1050

X
Signature of Petitioner or Representative (State title)

Medical Inst. Dev. Laboratories, Inc. May 3, 2007
Name of Petitioner Date Signed

Name & Mailing Medical Inst. Dev. Laboratories, Inc.
Address of Individual c/o Peter Hyde
Signing in Representative 557 McCormick St.
Capacity San Leandro, CA 94577

X/s/ Chad H. Gettleman, Esq. May 3, 2007
Signature of Attorney Date

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Telephone No. 312-435-1050

X
Signature of Petitioner or Representative (State title)

Kirk Packo, MD May 3, 2007
Name of Petitioner Date Signed

Name & Mailing Kirk Packo
Address of Individual 15959 S. Park Ave.
Signing in Representative South Holland, IL 60473
Capacity

X/s/ Chad H. Gettleman, Esq. May 3, 2007
Signature of Attorney Date

Chad H. Gettleman, Esq.
Name of Attorney Firm (If any)
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53 W. Jackson Boulevard
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Chicago, IL 60604-3107
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Telephone No. 312-435-1050

PETITIONING CREDITORS

Name and Address of Petitioner John S. Pollack, MD 23W341 Foxwood Ct. Naperville, IL 60540	Nature of Claim Trade Debt	Amount of Claim 6,250.00
Name and Address of Petitioner Medical Inst. Dev. Laboratories, Inc. c/o Peter Hyde 557 McCormick St. San Leandro, CA 94577	Nature of Claim Trade Debt	Amount of Claim 94,455.00
Name and Address of Petitioner Kirk Packo, MD 15959 S. Park Ave. South Holland, IL 60473	Nature of Claim Trade Debt	Amount of Claim 6,250.00
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims 106,955.00

0 continuation sheets attached

Name of Debtor OPTOBIONICS CORPORATION

Case No. _____

OFFICIAL FORM 5 - Involuntary Petition - Page 2

TRANSFER OF CLAIM

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John S. Pollack, MD

Name of Petitioner

May 3, 2007

Date Signed

Name & Mailing Address of Individual
Signing in Representative Capacity
John S. Pollack, MD
23W341 Foxwood Ct.
Naperville, IL 60540

X/s/ Chad H. Gettleman, Esq.May 3, 2007

Signature of Attorney

Date

Chad H. Gettleman, Esq.

Name of Attorney Firm (If any)

Adelman & Gettleman, Ltd.53 W. Jackson BoulevardSuite 1050Chicago, IL 60604-3107

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Name of Petitioner

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San Leandro, CA 94577

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Date

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Signature of Petitioner or Representative (State title)

Kirk Packo, MD

Name of Petitioner

May 3, 2007

Date Signed

Name & Mailing Address of Individual
Signing in Representative Capacity
Kirk Packo
15959 S. Park Ave.
South Holland, IL 60473

X/s/ Chad H. Gettleman, Esq.May 3, 2007

Signature of Attorney

Date

Chad H. Gettleman, Esq.

Name of Attorney Firm (If any)

Adelman & Gettleman, Ltd.53 W. Jackson BoulevardSuite 1050Chicago, IL 60604-3107

Address

Telephone No. 312-435-1050**PETITIONING CREDITORS**

Name and Address of Petitioner	Nature of Claim	Amount of Claim
John S. Pollack, MD 23W341 Foxwood Ct. Naperville, IL 60540	Trade Debt	6,250.00
Medical Inst. Dev. Laboratories, Inc. c/o Peter Hyde 557 McCormick St. San Leandro, CA 94577	Trade Debt	94,455.00
Kirk Packo, MD 15959 S. Park Ave. South Holland, IL 60473	Trade Debt	6,250.00
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John S. Pollack, MD
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Date Signed

Name & Mailing Address of Individual Signing in Representative Capacity
John S. Pollack, MD
23W341 Foxwood Ct.
Naperville, IL 60540

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Signature of Attorney Date

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15859 S. Park Ave.
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PETITIONING CREDITORS

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Name and Address of Petitioner <u>Medical Inst. Dev. Laboratories, Inc.</u> <u>c/o Peter Hyde</u> <u>557 McCormick St.</u> <u>San Leandro, CA 94577</u>	Nature of Claim Trade Debt	Amount of Claim <u>94,455.00</u>
Name and Address of Petitioner <u>Kirk Packo, MD</u> <u>15859 S. Park Ave.</u> <u>South Holland, IL 80473</u>	Nature of Claim Trade Debt	Amount of Claim <u>6,250.00</u>
Note: If there are more than three petitioners, attach additional sheets with the statement under penalty of perjury, each petitioner's signature under the statement and the name of attorney and petitioning creditor information in the format above.		Total Amount of Petitioners' Claims <u>106,955.00</u>

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